

PART B - FEE(S) TRANSMITTAL

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Alan A. Limbach	(Depositor's name)
/Alan A. Limbach/	(Signature)
February 26, 2010	(Date)

26379 7590 12/17/2009
DLA PIPER LLP (US)
2000 UNIVERSITY AVENUE
EAST PALO ALTO, CA 94303-2248

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/716,253	11/17/2003	Eric Chapoulaud	351918-914991	6494

TITLE OF INVENTION: PARTICLE EXTRACTION FOR AUTOMATIC FLOW MICROSCOPE

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/17/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
WOLDEMARIAM, AKILILU K	2624	382-256000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.362).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB-47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 DLA Piper LLP (US)
- 2 _____
- 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

IRIS INTERNATIONAL, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

CHATSWORTH, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1896 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Alan A. Limbach/

Date February 26, 2010

Typed or printed name Alan A. Limbach

Registration No. 39,749

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